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65A EXEMPTION FORM

This is to certify that I _____, wish to be declared exempt from continuing education and meet **ALL** the following requirements:

- 1) I am 65 years of age or older AND;
(Attach a copy of driver's license or birth certificate)
- 2) I have had at least fifteen (15) years of experience as a licensed producer AND,
- 3) I am no longer actively engaged in the insurance business as a producer and am receiving social security benefits, if eligible,

OR

- 4) I am actively engaged in the insurance business as a producer and represent, or operate through a licensed Louisiana insurer.

Signature of Licensed Individual

License Number